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SUBJECT: HEALTH MINISTER COMMITS TO PEPFAR GOALS

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1. (SBU) SUMMARY: The Charge met with the Minister of Health (MISAU) Dr. Ivo Garrido recently to discuss his Ministry's involvement in a Partnership Framework for HIV/AIDS programming over the next five years including priority policy issues. MISAU is the key ministry in the Mozambique response to HIV/AIDS and a sizable percentage of USG PEPFAR resources are used to support and build capacity of the public health system. The Minister expressed his appreciation of USG assistance and noted he was especially pleased by President Obama's Ghana speech and general approach to reinforcing health systems rather than taking a single disease approach. The Minister stated that the USG is listening to the needs of African Ministers of Health. END SUMMARY.

CHARGE ENGAGES GARRIDO ON PARTNERSHIP FRAMEWORK

2. (SBU) Mozambique is faced with daunting health challenges, including a HIV/AIDS national prevalence rate of 16 percent. The health care delivery system was severely damaged during its civil war (1977-1992) and is very slowly recovering. The PEPFAR program (since 2003) accounts for the largest foreign investment in the health sector. The Charge recently met with the Minister of Health (MISAU) Dr. Ivo Garrido to discuss the Ministry's participation in the development of the proposed bilateral Partnership Framework between the U.S. and the Government of Mozambique (GRM) to guide the President's Emergency Plan for HIV Relief 2009-2013. The Charge was accompanied by the CDC Country Director, USAID Deputy Director and USAID HIV/AIDS Team Lead. MISAU is the key ministry in the Mozambique response to HIV/AIDS and has jurisdiction over all health programs in the public health system. Minister Garrido has also demonstrated leadership in HIV/AIDS prevention programming.

3. (SBU) The Charge reviewed the progress thus far in developing the Mozambique PEPFAR Partnership Framework and its focus on five goals: (a) reduce new HIV infections; (b) strengthen the multi-sectoral HIV response; (c) strengthen the Mozambican health system, including human resources in key areas to support HIV prevention, treatment and care goals; (d) improve access to quality HIV treatment services for adults and children; and, (e) ensure care and support for adults and children infected or affected by HIV in communities and through health systems. The discussion then focused on key policy issues associated with achieving those goals.

GARRIDO: MALE CIRCUMCISION NOT A MAGIC BULLET

14. (SBU) Garrido stated that male circumcision (MC) is not a "magic bullet" and shared his belief that MC should be part of a package of prevention services, but would not agree to develop a vertical MC program and would not develop MC programs similar to those in Swaziland or Botswana. He stated there are pressing obstetrical and other emergency surgical needs and that MC should be part of increasing the country's surgical response not a parallel service. He mentioned he has two major concerns about MC: (1) feasibility and (2) risk compensation, noting that any scale-up of MC has to be accompanied by very careful messaging. Also, he expressed concern about creating demand for MC that the Ministry would be incapable of meeting. In addition, he mentioned that differences between ethnic groups and their views on this issue that will have to be considered. Finally, he highlighted that MC is not the top prevention priority; however, he believes MC is part of a comprehensive prevention package and should be in the framework.

WORK PERMITS TO SUPPORT PEPFAR PROGRAMS

15. (SBU) Garrido stated that MISAU would work to facilitate the work permit process for foreigners coming to Mozambique in support of PEPFAR goals, but could not guarantee work permits for expatriate staff who are health professionals (e.g., those providing services directly to support MISAU such as nurses and doctors). Garrido also indicated that MISAU will not assist other non-health project staff. (Note: Work permits are issued by the Ministry of Labor and the applications require supporting letters from other relevant

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ministries. End Note)

EXPANSION OF THE HEALTH WORK FORCE

16. (SBU) Although currently PEPFAR-funded programs support lay social workers to assist with clinic-based HIV counseling and psycho-social support services, Garrido stated that MISAU will not be able to absorb this cadre into its work force. Moreover, he said that MISAU is constrained by internal Government of Mozambique (GRM) policies that do not allow for sufficient expansion of its work force.

ARV NEEDS A MAJOR CONCERN

17. (SBU) Future ARV procurement is a major concern for Garrido. Future ARV availability to the public sector is largely linked to the uncertain outcome of the Global Fund (GF) Round 9 HIV/AIDS application. Garrido expressed his disappointment in working with the GF, highlighting the complex regulations and problems with GF disbursements in Mozambique. He suggested that GF should have someone in Mozambique to help MISAU with the GF system and expressed openness to external support to improve the flow of GF resources, noting that the GRM does not need to manage the GF money directly. Additionally, he referenced a letter he sent to the GF Director to express his concern about \$49 million that has been held up in 2009 (Note: No GF funds were disbursed to Mozambique in 2009.)

USG RELATIONS HAVE IMPROVED

18. (SBU) Garrido thanked the USG for its assistance and stated that working relations with the USG has improved, noting that the USG approach to build capacity and systems is greatly needed and appreciated by the GRM. Garrido said he was very pleased by President Obama's speech from Ghana and

his approach to reinforce the needs of the health systems rather than a single-disease approach resonated with the Minister. In 2007, the African Ministers of Health requested a more comprehensive approach to USG assistance with health programming; Garrido stated that the USG is now showing sensitivity to this issue.

COMMENT: IMPROVED RELATIONSHIP WITH HEALTH MINISTER

19. (SBU) Garrido's recognition of the shift in PEPFAR funding at post to fund system strengthening was a positive demonstration of improved communication and alignment with MISAU in USG programming. On the key policy issues outlined in the draft Partnership Framework, Garrido repeated previous positions, but agreed to leave the proposed wording in the agreement intact. Garrido holds a privileged place among current GRM Ministers as a technical expert respected for his contributions to health services more than his role in the ruling FRELIMO party. His surprise visits to health facilities and hospitals meant to identify problems are widely publicized as apparently effective in improving services, which has made him popular among the Mozambican public. His autocratic style within MISAU, however, and his micro-management of programs, has sometimes created difficult working conditions. Nonetheless, Garrido is likely to continue in his post with the new government and has been rumored to be in the running for other high-level positions.
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